

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C90004185         </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW Suite 700		
(c) City, State and ZIP Code Washington DC 20005		
2. <b>Corporate filers only</b>  Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Individual filers only</b> Name of Employer      Occupation	

**4. TYPE OF REPORT (check appropriate boxes):**

- (a) ☐ April 15 Quarterly Report      ☒ 24-Hour Notice      ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment?      Yes ☐      No ☒

**5. COVERING PERIOD: FROM**

M M  
1 0

D D  
0 5

Y Y Y Y  
2 0 1 0

THROUGH

M M  
1 0

D D  
0 5

Y Y Y Y  
2 0 1 0

6. TOTAL CONTRIBUTIONS .....

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

52625.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM****SIGNATURE****DATE**

Kimberly Robinson

10/05/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 / 3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee  
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

17402.67

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List rental

Category/  
Type

Office Sought:

☐ House

State: DE

Senate

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Christine O'DonnellCalendar Year-To-Date Per Election  
for Office Sought

17541.67

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

17402.67

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List rental

Category/  
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Ken BuckCalendar Year-To-Date Per Election  
for Office Sought

21625.46

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
NARAL Pro-Choice America

Date

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 1 0

Mailing Address

1156 15th Street, NW, Suite 700

Amount

17402.66

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

List rental

Category/  
Type

Office Sought:

☐ House

State: PA

Senate

☒ Senate

District: 00

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Pat ToomeyCalendar Year-To-Date Per Election  
for Office Sought

25127.66

Disbursement For:  
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

52208.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee  
M+R Strategic Services

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Mailing Address  
2120 L Street, NW  
6th Floor

Amount

139.00

City	State	Zip Code
Washington	DC	20037

Purpose of Expenditure  
Copywriting & productionCategory/  
Type
Office Sought: ☐ House State: DE  
☒ Senate  
☐ President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  
Christine O'DonnellCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 17541.67Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
M+R Strategic Services

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Mailing Address  
2120 L Street, NW  
6th Floor

Amount

139.00

City	State	Zip Code
Washington	DC	20037

Purpose of Expenditure  
Copywriting & productionCategory/  
Type
Office Sought: ☐ House State: CO  
☒ Senate  
☐ President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  
Ken BuckCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 21625.46Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
M+R Strategic Services

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	0

Mailing Address  
2120 L Street, NW  
6th Floor

Amount

139.00

City	State	Zip Code
Washington	DC	20037

Purpose of Expenditure  
Copywriting & productionCategory/  
Type
Office Sought: ☐ House State: PA  
☒ Senate  
☐ President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  
Pat ToomeyCheck One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 25127.66Disbursement For: ☐ Primary ☒ General  
2010  
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures .....

417.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

52625.00